

How to Register:

- 1 Read the Education Programs Participation Agreement.
 Retain this document for your records.
 - 2 Complete your 2010 Class Registration Form.

 Use a separate form for each participant. Complete the Payment Information section. Make checks payable to:

 Lafayette Parks and Recreation.
- 3 Fill out the <u>Emergency Contact Information, Medical</u>
 <u>Authorization and Release Agreement.</u>

Include this with your Registration Form.

4 Submit your registration materials.

Registrations are accepted in person at: Zoo Administration office at Columbian Park Zoo

Registrations may also be mailed to: 1915 Scott Street
Lafayette, IN 47904

Registrations are also accepted by fax at: (765) 807-1547

QUESTIONS? Call the Zoo Education Office at (765) 807-1546



EDUCATION PROGRAMS PARTICIPATION AGREEMENT

In consideration of the applicant's reservation of a Columbian Park Zoo event, the parties hereby agree as follows:

Rules and Regulations:

•Severe environmental allergies to common zoo items (<u>peanuts, latex</u>, etc.) must be brought to Zoo staff attention at the time of registration. We will make reasonable accommodations whenever possible.

- •If your child has special needs, please discuss them with the Zoo Education Staff in advance so that we can help make the experience a success.
- •A completed, current *Emergency Contact Information, Medical Authorization and Release Agreement* must be submitted prior to participation. This form must be signed by a parent or legal guardian.
- •Class size is limited and on a first-come, first-serve basis. Registration is required.
- •Registration and payment must be received at least 48 hours prior to the start of any program. Late registrations may be accepted at the discretion of the Columbian Park Zoo staff.
- •Due to the volume of registrations received, the Columbian Park Zoo does not send registration confirmations in the mail. Please plan to attend your session unless you are notified otherwise.
- •If the program or session you have registered for is full, you will be notified by phone so you may choose another session, may be placed on a wait list or may request a refund.
- •Only registered and paid individuals may participate in class activities, including animal encounters.
- •Children registered for drop-off classes must be fully toilet-trained. Parents are permitted to stay with children who do not meet this specification.
- •Columbian Park Zoo reserves the right to substitute animals/themes without prior notification.
- •Parents will be notified if disciplinary issues arise. Columbian Park Zoo reserves the right to exclude individuals from future participation if disciplinary issues are not resolved.
- •Participation in any Columbian Park Zoo event grants permission for the City of Lafayette to use photos, videos and other images of the participant in promotional materials, including website use.

Cancellation Policy:

Refunds will be made if notification of cancellation is received fourteen (14) days or more prior to the event. A cancellation fee may apply. Cancellation fees are listed on each program-specific registration form. The Zoo reserves the right to cancel an event or program due to insufficient registration with full refunds and notification. Columbian Park Zoo reserves the right to cancel any program without refund for the following reasons: inclement weather which would compromise the health or safety of the animals and/or Zoo staff members; guidelines set by Zoo staff at presentation are not respected and/or followed.



2010 Class Registration Form Please use a separate form for each participant.

	Participant's Name		Date of Birth		
	Parent(s) Name(s)				
	Primary Phone Number				
	Home Address				
	Email			uios or special peeds?	
	□ Check here if you do NOT wish to receive		Does the Participant have any allergies or special needs? ☐ No ☐ Yes If yes, please specify		
	zoo program info by email				
		-			
	have read, understand and agree to abide by the Columbian Park Zoo's Education Program Participation Agreement.				
	Parent/Guardian Signature		Date		
	Program Fees: All programs fees are listed per participant: \$Non-Member/\$FOCPZ Member				
Ь	BEDTIME ZOO STORIES One Child option includes one free adult. Family option admits all children and adults in the household. Circle option. All sessions meet at 7pm.				
ADUL					
A/W	SEASON PASS (12 sessions): One Child \$60/\$54 FOCPZ, Family \$108/\$96 FOCPZ Individual Sessions: One child \$6/\$5.50 FOCPZ, Family \$10/\$9 FOCPZ				
10					
	January 8 (Hedgehog)	May 7 (Bugs)		ember 3 (Guinea Pig)	
	February 5 (Lizards)	June 4 (Tortoise)		per 1 (Snake)	
Ш	March 5 (Opossum)	July 2 (Parrot)		mber 5 (Rabbit)	
9	April 9 (Sloth)	August 6 (Chicken)	□ Decei	mber 3 (Armadillo)	
	Bedtime Zoo Stories Subtotal \$				
	LITTLE CUB CLUB	SEASON PASS - 1	L2 monthly sessions Please select session:	\$120/\$100 FOCPZ Saturdays at 10:00am	
	Individual Sessions: #12/#10 FOC				
	Individual Sessions: \$12/\$10 FOC			Saturdays at 11:30am	
	January — Rabbit ☐ 1/9 at 10:00 am	July —	7/10 at 10:00 am		
	☐ 1/9 at 10:00 am		7/10 at 10:00 am 7/10 at 11:30am		
	February — Horse		t — Marsupials		
	2/13 at 10:00 am		8/14 at 10:00 am		
-5	☐ 2/13 at 11:30am		8/14 at 11:30am		
3	March — Fox	Septen	nber — Rodents		
ES	☐ 3/13 at 10:00 am		9/11 at 10:00 am		
AGES 3-5	☐ 3/13 at 11:30am		9/11 at 11:30am		
A	April — Goats		er — Parrot		
	4/10 at 10:00 am	<u>—</u>	10/9 at 10:00 am		
	☐ 4/10 at 11:30am		10/9 at 11:30am 1 ber — Lizards		
	May — Frogs ☐ 5/8 at 10:00 am		11/13 at 10:00 am		
	5/8 at 11:30am		11/13 at 10:00 am 11/13 at 11:30am		
	June — Snakes		ber — Chicken		
	☐ 6/12 at 10:00 am		12/11 at 10:00 am		
	☐ 6/12 at 11:30am	<u>—</u>	12/11 at 11:30am		

Little Cub Club Subtotal \$_

Individual Sessions: YOUNG EDVENTURER WORKSHOPS \$18/\$16 FOCPZ AGES 6-8 <u> Aces 8-11</u> **AGES 8-11 SPRING SEASON AGES 6-8 SPRING SEASON** February 20, 10:00am-12:00pm February 13, 2:00-4:00pm "Rainforest Tails" "Up All Night" ☐ March 20, 10:00am-12:00pm ☐ March 13, 2:00-4:00pm "What's Wild" "Animal Armor" April 10, 2:00-4:00pm April 17, 10:00am-12:00pm "Animals in Flight" "Living Fossils" ☐ AGES 6-8 SPRING MINI-SEASON PASS ☐ AGES 8-11 SPRING MINI-SEASON PASS All 3 Spring Sessions \$48/\$42 FOCPZ All 3 Spring Sessions \$48/\$42 FOCPZ **AGES 6-8 FALL SEASON AGES 8-11 FALL SEASON** ☐ October 9, 2:00-4:00pm October 16, 10:00am-12:00pm "Spineless Wonders" "Nature's Makeovers" ☐ November 13, 2:00-4:00pm ☐ November 20, 10:00am-12:00pm "Animals on the Move" "Behavior Basics" December 11, 2:00-4:00pm December 18, 10:00am-12:00pm "Fur, Glorious Fur!" "Symbiosis Study" ☐ AGES 6-8 FALL MINI-SEASON PASS ☐ AGES 8-11 FALL MINI-SEASON PASS All 3 Fall sessions \$48/\$42 FOCPZ All 3 Fall sessions \$48/\$42 FOCPZ **AGES 6-8 FULL YEAR PASS AGES 8-11 FULL YEAR PASS** All 6 sessions \$90/\$78 FOCPZ All 6 sessions \$90/\$78 FOCPZ Young EDventurers Subtotal \$ **Cancellation Policy:** Refunds will be made if notification of cancellation is received fourteen (14) days or more prior to the event. The following per session cancellation fees apply: Bedtime Zoo Stories \$2, Little Cub Club \$4, Young EDventurers \$6. Cancellation fees will be automatically deducted from any due refund. The Zoo reserves the right to cancel an event or program due to insufficient registration with full refunds and notification. Columbian Park Zoo reserves the right to cancel any program without refund for the following reasons: inclement weather which would compromise the health or safety of the animals and/or Zoo staff members; guidelines set by Zoo staff at presentation are not respected/followed. To join FOCPZ today and receive the Member's Are you a member of the *Friends of the Columbian Park Zoo*? Discount on select zoo programs contact FOCPZ If ves, FOCPZ Membership # at 765.807.1545 Please indicate FOCPZ discounted program fees where applicable. TOTAL DUE \$____ **PAYMENT INFORMATION: REGISTER:** Check (Make checks payable to *Lafayette Parks and Recreation*) In person at: MasterCard or Visa Credit Card (please circle one) Zoo Administration office at Columbian Park 700 By mail at: Security Code (appears on back of card)____ Lafayette Parks and Recreation Cardholder's Signature 1915 Scott Street, Lafayette, IN 47904 **By fax:** 765.807.1547 Registration deadline is 48 hours prior to any program, unless For additional information please otherwise specified. Space is limited! visit us online at: www.columbianparkzoo.org



EMERGENCY CONTACT INFORMATION, MEDICAL AUTHORIZATION AND RELEASE AGREEMENT

I,, the parent/legal guarantees.	ardian of,				
I,, the parent/legal guarantee (Print your first and last name)	(Print child's first and last name)				
consent to my child's participation in the specified education programs. In an emergency I can be reached at the numbers listed below. In the event that I cannot be reached, I authorize Columbian Park Zoo staff to authorize or refuse necessary emergency treatment for my child.					
I further agree to indemnify, protect and hold harmless the Parks Department, its officers, board members, supervisors, agents, servants, employees, and all other persons or organizations volunteering services without charge to supervise or chaperone the children who participate in this activity (collectively Park Personnel) from any claim or liability whatsoever, including, but not limited to personal injury, property damage, court costs, attorney's fees and interest, however caused, even if caused by the negligence of Park Personnel, as a result of my child's participation.					
I further agree that the Parks Department, its officers, board members, agents, servants, or employees reserve the right to terminate the participation of my child in the program for failure to behave and act in accordance with the Parks Department regulations on conduct, or for failure to follow the instructions and directions of the supervisors or chaperones, or for any acts of conduct deemed by the agents of the Parks Department to be detrimental to or incompatible with the interest, harmony, comfort or welfare of the program. If the participation is terminated, no participation fees will be refunded.					
Parent/Guardian Signature	Date				
Emergency Contact Numbers:					
Call 1st: () (e.g. "Mom's cell phone" or "Dad at work")	<u>-</u> ext				
Call 2nd: ()	<u>- ext .</u>				
Alternate Emergency Contact Person's Name					
Relationship to child	Please consider selecting a nearby relative or				
Call: (ext	friend to serve as an alternate emergency contact person.				